Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	005061	A. BUILDING _____ B. WING _____	11/21/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENE COUNTY GENERAL HOSPITAL	1185 N 1000 W LINTON, IN 47441

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for the investigation of a State hospital complaint. Complaint Number: IN00098085 Unsubstantiated: Lack of sufficient evidence. Date: November 21, 2011 Facility: 005061 Surveyor: Billie Jo Fritch, RN, BSN, MBA Public Health Nurse Surveyor Greene County General Hospital was found in compliance with State Rules 410 IAC 15-1.5-4, Medical Record Services and 410 IAC 15-1.5-3, Laboratory Services. QA: claughlin 12/12/11	S 000		